

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23707

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1. PLACE OF DEATH

County Chariton
 Township Triplitt
 City New Triplitt (No.)

Registration District No. 177
 Primary Registration District No. 5245

File No.
 Registered No.
 St. Ward)

2. FULL NAME CHARLES M. DIXON

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eleanor Dixon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-24-1847
 7. AGE YEARS 86 MONTHS 8 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmwork
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME John Dixon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Eizabeth Lammie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Mrs. Walter Hardwick (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Logan 3rd DATE July 19, 193419. UNDERTAKER L. M. Mearns (ADDRESS) Brunswick Mo.20. FILED 7/17, 1934 R. P. Bue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932 to July 16, 1934
 I last saw him alive on July 16, 1934 Death is said to have occurred on the date stated above, at 1:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Senility
137

Date of onset

Other contributory causes of importance:

Gravel in Bed 2 years
1932

Name of operation Prostatectomy Date of 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Fejer (M.D.)(Address) Brunswick Mo.

